	Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS								RATE		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			3 0 <sub>minus 20=</sub>		. 10			X\$ 9:	,		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		. 5			X40=			OR	X80=		
MUI	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135	_		OR	+270=		
• 15	the difference	in column 1 is	less than zero, enter "0" in			olumn 2		TOTA	_		OR	TOTAL	•	
CLAIMS AS AMENDED - PART II												OTHER		
<u>_</u>	J4-05	(Column 1)		(Column 3)		SMAI	LLI	ENTITY	OR	SMALL		ı		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 22	Minus	•	₹0	= /		X\$ 9	=		OR	X\$18=		
	Independent	. 6	Minus	•••	8	= 1	1	X40	=		OR	X80=		
	FIRST PRESE	NTATION OF N	ULTIPLE DEI		<u>.                                     </u>	]	+135	=		OR	+270=		İ	
10/3/105									TAL	<del> </del>	OR	YOTAL ADDIT, FEE		÷
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. F	CE		•	ADDITO CE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER NOUSLY O FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
NON	Total	· 20	Minus	•	30	=		X\$ 9	=		OR	X\$18=		ŀ
AMENDMENT	Independent	. 10	Minus	***	<u> </u>		-	X40	=		OR	X80=	-, -,	
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM		J	+135	=		OR	+270=	13 (m. 18).	
		:		•			-	YO' ADDIT, F	AL		OR	YOYAL ADDIT, FEE	2,3	
		(Column 1)		(Coh	ımn 2)	(Column 3	١	AUDI1.1			•		- 3	1
		CLAIMS		HIG	HEST		ጎ		-	ADDI-	Ĺ		ADDI	Ł
AMENDMENT C		REMAINING AFTER		PREV	WBER IOUSLY	PRESENT	I	RATI	E	TIONAL		RATE	TIONAL	
	Tetal	AMENDMENT	Minus	PAII	FOR	2	1			FEE	· ·	Vete	FEE	ľ
	Total Independent	•	Minus			=	1	X\$ 9	_		OR	X\$18=		Į.
		INTATION OF A		<u> </u>	IT CLAIM	<del>'                                    </del>	1	X40	=		OR	X80=	·	1
<b>-</b>								+135	=		OR	+270=		
" If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE  OR  ADDIT, FEE													]	
***	Ti the Wishest Shi	mber Previously mber Previously P	Poid For IN TH	IS SPACE	is lose the	an 3. enter "1"	'			propriate bo	ax lin ca		•	•

Application or Docket Number